



STATE  
OF  
GEORGIA

# Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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1. Application Date <b>Nov. 26, 1974</b>		<b>INSTRUCTIONS:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received <b>DEC 17 1974</b> Application No. <b>74-463</b> Date Completed <b>JAN 13 1975</b>	
2. Agency Application No. <b>DHR-DAA-8</b>		3. AGENCY, Division, Subdivision & Administering Office Address <b>Dept. of Human Resources Division of Administration Patient Accounts 47 Trinity Ave., Rm. 315-H Atlanta, Ga. 30334</b>		4. Person to Contact <b>Gwen Brewster</b> 5. Working Title <b>Staff Supervisor</b> 6. Tel. No. <b>656-4860</b>	
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series <b>1967 to present</b>		9. Exact Series Title <b>PATIENT ACCOUNT CASE FILES</b>			
10. What is the function of the office in which this record series is created? The Division of Administration is responsible for administering and coordinating the supportive administrative and fiscal functions of the Department. Included are fiscal planning and budget needs; overall fiscal reporting and accounting services and personnel services.  The Patient Accounts Unit is responsible for actively investigating each patient's ability to pay upon entering any State hospital; applies and collects for cost of care from hospital. This office also receives Medicare insurance, Medicaid checks, personal net income or other benefits and applies them to individual accounts, checking to be sure there is no overpayment.					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).  Documents relating to payments made by patients, family and/or patient's health insurance for medical services provided to the patient within the State Hospital System.  Included but not limited to, are: Admission and Discharge Form (MH100) which identifies patient, physical characteristics, financial capabilities, medical history, diagnosis and prognosis of illness, and supporting information; Repayment Posting Sheet (information now being put on computer), which list payments and dates for medical services rendered; correspondence requesting assignment of patient's personal hospitalization insurance benefits and supporting insurance claim forms; authorization for release of medical information to designee and related material.  <b>SEE ATTACHED SHEET ATTACH SAMPLES OF THE FILE</b>					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers Cu. Ft. of Records
Inactive Letter-size File Drawers	4	6			4 1 1/2
Active File Drawers	30	45		Floor Space Occupied (Square Feet)	In Office(s) In Storage Area(s)
					This Year's Last Year's Preceding Year's All Prior Years
				AVERAGE DAILY REFERENCES	1 0 0 0

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain.

13. Is this the Record Copy of the series? YES ☒ NO ☐
14. Is there a duplication of this series in another office or agency? YES ☐ NO ☒
15. Is the information contained in this series ever summarized or published? YES ☐ NO ☒  
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? YES ☒ NO ☐  
Some documents provide medical and financial information on status of patient.  
Patient Medical Record Confidentiality Ga. Health Code - Section 88-502.9.
17. Does the series initiate, amend or terminate agency policies and procedures? YES ☐ NO ☒
18. Could the function be performed if the files were lost or destroyed? YES ☒ NO ☐
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? YES ☐ NO ☒
20. Does the record series provide data as input to an EDP file? YES ☒ NO ☐  
Selected information is used in compiling Patient Payment Receipt File.
21. Does the record series contain documentation produced as EDP printout? YES ☒ NO ☐  
Selected information is used in compiling Patient Payment Receipt File.
22. Has the Federal Government issued instructions governing the retention/disposition of these files? YES ☐ NO ☒
23. Will there be a need for these records 10, 15 years from now? If yes, what? YES ☐ NO ☒

24. **REQUIREMENTS.** The following requires the files to be kept 1 years:
- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
- (Cite Law, Statute, or other reason for the retention requirement)
- Based on previous reference experience the Patient Accounts Unit needs a one year retention after case file has been declared inactive.

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER \_\_\_\_\_, then:

- ☐ Hold in the current files area \_\_\_\_\_ month(s)/\_\_\_\_\_ year(s):
- ☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold \_\_\_\_\_ year(s):
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☐ Other: (Specify) \_\_\_\_\_

SEE ATTACHED SHEET

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William H. Lees</i>	<i>Dec 17, 74</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Ellen Camp</i>	<i>12/10/74</i>
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	<i>1-9-75</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>	<i>1-8-75</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>R. M. R. Shell</i>	<i>1-10-75</i>

STATE RECORDS  
COMMITTEE

Department of Human Resources  
Division of Administration  
Patient Accounts  
47 Trinity Ave., Rm. 315-H  
Atlanta, Ga. 30334

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Files are arranged by hospital in which patient has been admitted, thereunder alphabetically by patient's name.

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Upon determination by the Patient Accounts Unit that no further repayment can reasonably be expected because of death, financial inability of patient, or discharge of obligation, etc., place all papers in inactive file; then cut-off inactive file at the end of each calendar year; transfer to State Records Center; hold 1 year; then destroy.